

EXHIBIT H

Confidential - Subject to Stipulation and Order of Confidentiality

1 - - -
2 :SUPERIOR COURT OF
3 :NEW JERSEY
4 IN RE: :LAW DIVISION -
5 PELVIC MESH/GYNECARE :ATLANTIC COUNTY
LITIGATION :
:MASTER CASE 6341-10
:
:CASE NO. 291 CT

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA AT CHARLESTON

8
9 :Master File No.
IN RE: ETHICON, INC., PELVIC :2:12-MD-02327
10 REPAIR SYSTEM PRODUCTS : MDL 2327
LIABILITY LITIGATION :

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CONFIDENTIALITY

14 November 15, 2012

15 Transcript of the deposition of AXEL
16 ARNAUD, MD, called for Videotaped Examination in the
17 above-captioned matter, said deposition taken
18 pursuant to Superior Court Rules of Practice and
19 Procedure by and before Ann Marie Mitchell, a
20 Federally Approved Certified Realtime Reporter,
 Registered Diplomat Reporter, Certified Court
 Reporter, and Notary Public for the State of New
 Jersey, at the offices of Riker Danzig Scherer
 Hyland & Perretti LLP, Headquarters Plaza, One
 Speedwell Avenue, Morristown, New Jersey, commencing
 at 10:17 a.m.

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1 TVT®, what we brought was a procedure that gave good
2 results in 90 percent of the cases. And that was
3 very different than what was existing without the
4 sling. Without the sling, the gold standard was the
5 Burch procedure. All the surgeon knew that the
6 Burch procedure was a very poor gold standard,
7 because the rate of success was very low, and if you
8 would wait, with time, the rate of success would be
9 even lower. So the sling brought a dramatic
10 improvement in the efficacy and, more importantly,
11 in the efficacy over time, over time, on the long
12 term. So the purpose of the TVM procedure was
13 exactly the same, you know, bring more success in a
14 short term but also the guarantee of a long-term
15 success.

16 MR. SLATER: Move to strike from
17 "with the TVT®" forward.

18 BY MR. SLATER:

19 Q. Your goal was to try to develop a
20 better alternative, that was your hope, to the
21 existing procedures. Correct?

22 A. Yes.

23 Q. Your expectation was that if somebody
24 was an experienced pelvic reconstructive surgeon, a
25 urogynecologist or a gynecologist or a urologist,

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1 that they would be able to understand this
2 procedure, they would be willing to understand how
3 it's done, and with some training, be able to
4 perform it. That was again your hope. Correct?

5 A. Yeah. My hope was to offer a new
6 procedure that would be more efficient in term of
7 recurrences than the existing ones.

8 Q. And you then say -- let's go to the
9 actual "Project TVM" document. You say that, with
10 regard to the medical background and rationale, "For
11 a manufacturer of medical devices, surgery for
12 genital prolapse is an attractive market."

13 Do you see that?

14 A. I don't see it, but I can understand
15 it.

16 MS. KABBASH: I want to make sure
17 every time Mr. Slater asks you about language, that
18 you look for that language.

19 THE WITNESS: Yes.

20 MS. KABBASH: Okay?

21 THE WITNESS: Okay. Okay.

22 BY MR. SLATER:

23 Q. Do you see what I just read?

24 A. Yes, yes.

25 Q. And what you were saying to the